



**Truist Bank**  
 PO Box 85130  
 Mail Code 306-40-06-45  
 Richmond, VA 23285-5082  
 Tel.: 866.519.3479  
 TDD: 888.833.4228  
 Fax.: 866.243.7720

**THIRD PARTY AUTHORIZATION**

Truist Account/Loan Number: [Enter Full Account Number]

I/We, \_\_\_\_\_ (“Borrower” and “Co-Borrower”, if applicable) hereby authorize Truist Bank to release, discuss, and otherwise provide any and all information about my/our Account/Loan to the third party indicated below. I/We understand that information released, discussed, or provided by Truist Bank may include, but may not be limited to, information relating to my/our account balance, loan amount, payment transaction history, and/or the provision of copies of my account/loan documents, which may contain non-public information relating to me and/or the Co-Borrower.

I/We acknowledge that this authorization will remain valid until revoked. Should I and/or Co-Borrower (if applicable) wish to terminate this authorization, I (or Co-Borrower) must call Truist Bank at 866.519.3479 Monday through Friday 8 a.m. to 6 p.m. ET. or submit the request in writing to the address below.

Date Requested: \_\_\_\_\_

Full Name of Authorized Third Party(s): \_\_\_\_\_

Authorized Third Party(s) Phone #: \_\_\_\_\_

Authorized Third Party(s) Mailing Address: \_\_\_\_\_

Relationship to Borrower: \_\_\_\_\_

Borrower Name: \_\_\_\_\_

Borrower Social Security # (last 4 digits): \_\_\_\_\_

Co-Borrower Name: \_\_\_\_\_

Property Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I/We hereby indemnify and hold Truist harmless for any and all actions and causes of actions, suits, claims, attorney’s fees, or demands against Truist, which I/we and/or my/our heirs may have resulting from Truist releasing/discussing, or declining to release/discuss, information and/or documents about my/our Account/Loan with the above-named Third Party(s) or person identifying himself/herself to be the Third Party(s).

\_\_\_\_\_  
 Borrower Signature

\_\_\_\_\_  
 Co-Borrower Signature

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Print Name

Please return the completed and signed Third Party Authorization to the address below, email to [STB-homeequityhelp@truist.com](mailto:STB-homeequityhelp@truist.com), or fax it to 866.519.3479 Monday through Friday 8 a.m. to 6 p.m. ET.

Truist Bank  
 P.O. Box 85130  
 Mailcode: 306-40-06-45  
 Richmond, VA 23286

Please allow up to 5 business days from Truist’s receipt for authorization form to be processed.